

CERTIFICATE OF ASSUMED OR FICTITIOUS NAME

This is to certify that the below named person, partnership, limited liability company, or corporation intends to conduct or transact business in the [] City [] County of

under an assumed or fictitious name.

1. The ASSUMED OR FICTITIOUS NAME of business:

NAME:

2. The above business is owned by the following entity type

[] SOLE PROPRIETORSHIP (Complete A below) [] PARTNERSHIP (Complete B below)

[] LIMITED LIABILITY COMPANY [] CORPORATION (Complete C below).

A. NAME OF OWNER:

RESIDENCE ADDRESS:

POST OFFICE ADDRESS:

B. NAME OF PARTNERSHIP:

OFFICE ADDRESS:

POST OFFICE ADDRESS:

(1) Is this a general partnership? [] NO [] YES. If YES, complete the Statement of Partners on reverse side

(2) Is this a domestic limited partnership? [] NO [] YES. If YES, a certified copy of this certificate must be filed with the State Corporation Commission. § 59.1-70.

(3) Is this a foreign limited partnership? [] NO [] YES. If YES, indicate the date of the certificate of registration to transact business in the Commonwealth of Virginia issued by the State Corporation Commission

A certified copy of this certificate must be filed with the State Corporation Commission §59.1-70.

C. NAME OF [] CORPORATION [] LIMITED LIABILITY COMPANY:

OFFICE ADDRESS:

POST OFFICE ADDRESS:

(1) A corporation or limited liability company must file a certified copy of this certificate with the State Corporation Commission. § 59.1-70.

(2) Is this a foreign corporation or a foreign limited liability company? [] NO [] YES. If YES, indicate the date of the certificate of authority/registration to transact business in the Commonwealth of Virginia issued by the State Corporation Commission:

ACKNOWLEDGMENT

I certify that the foregoing is true and correct to the best of my knowledge and belief.

A. Sole Proprietorship

NAME OF OWNER

SIGNATURE OF OWNER

B. Partnership

NAME OF GENERAL PARTNER

SIGNATURE OF GENERAL PARTNER

C. Corporation

NAME OF PRESIDENT

SIGNATURE OF PRESIDENT

D. Limited Liability Company

NAME OF MEMBER/MANAGER

SIGNATURE OF MEMBER/MANAGER

[] City [] County of

Acknowledged, subscribed and sworn to before me this day of, 20

My commission expires

[] CLERK/DEPUTY CLERK [] NOTARY PUBLIC

CLERK'S OFFICE

Filed in the Clerks' Office of the Circuit Court on
DATE

....., Clerk by Deputy Clerk

STATEMENT OF PARTNERS

This is to certify that the below named persons intend to carry on business as partners in the ☐ City of ☐ County of under an assumed or fictitious name, and that the following is a list of every person owning the GENERAL PARTNERSHIP set forth on the front of this certificate.

.....
PRINTED NAME (LAST, FIRST, MIDDLE)

.....
SIGNATURE

.....
RESIDENCE ADDRESS

Commonwealth of Virginia

County/City of :

Subscribed and acknowledged before me by , this day of , 20

My commission expires.....

.....
☐ NOTARY PUBLIC ☐ CLERK/DEPUTY CLERK

.....
PRINTED NAME (LAST, FIRST, MIDDLE)

.....
SIGNATURE

.....
RESIDENCE ADDRESS

Commonwealth of Virginia

County/City of :

Subscribed and acknowledged before me by , this day of , 20

My commission expires.....

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☐ NOTARY PUBLIC ☐ CLERK/DEPUTY CLERK

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PRINTED NAME (LAST, FIRST, MIDDLE)

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SIGNATURE

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County/City of :

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My commission expires.....

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